SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN Date Stamp Deeve 5

DEC 22 2014

ate: rmit #:

Refund:

1830BD SETMONTE 15,033 RSX2 Princ 77

C INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept

□ City		City	□ Municipal/City		X Seasonal	X	□ 1-Story	New Construction	1101101
Water	pe of ry System operty?	What Type of Sewer/Sanitary Syste Is on the property?	Sew Is	# of bedrooms	Use	ent.	# of Stories and/or basement	Project	Value at Time of Completion *include donated time & material
				-			-		Non-Shoreland
□ Yes	□ Yes	reline :	Distance Structure is from Shoreline :	Distance Structi	<u></u>	e, Pond or Flowage	n 1000 feet of Lake	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Snoreland
Are Wetlands Present?	Is Property in Floodplain Zone?	reline : feet	Distance Structure is from Shoreline:	Distance Structu		, Stream (in	n 300 feet of River of Floodplain?	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue →	
10	Acreage	Lot Size		RN	Town of: WASHBURN	W	N, Range <u>D</u> S W	Section 32, Township_49_1	Section 3
	)       	Subdivision:	Block(s) No.	Lot(s) No.	Vol & Page	CSM	Lot(s)	1/4, SW 1/4 Gov't Lot	NE 1/4, S
(s)	Volume Page(s)	Volume	1-000-	050-2-49-05-32-30/-00-	-2-49-0	04- <b>950</b>		Legal Description: (Use Tax Statement)	PROJECT LOCATION
Written Authorization Attached    Yes     No	Attached	State/Zip):	Agent Mailing Address (include City/State/Zip):	ent Mailing Addre		Agent Phone:		Authorized Agent: (Person Signing Application on behalf of Owner(s))	Authorized Agent: (Pe
Phone:	Plumber Phone:			Plumber:	ione:	Contractor Phone:		- many many many many many many many many	SELF.
ne:	Cell Phone:					City/State/Zip:		PAULSON RO	Address of Property:
8/5-45/-4059	E.	12 600	CT. CRYSTAL LAKE, 12 6001	CT. CRYSTAL A	SS CRE	Mailing Address		SE Wood	Owner's Name:  MARK & ELISE
OTHER	□ B.O.A. □ C	SPECIAL USE		☐ CONDITIONAL USE		SANITARY X PRIVY		QUESTED X LAND USE	TYPE OF PERMIT REQUESTED>
						PPLICANT.	VE BEEN ISSUED TO A	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	O NOT START CONSTRUC

-									
Proposed Construction:	Existing Structur	- Andria of the Angelon and An				1/5000 0000	•		Value at Time of Completion *include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	AND THE PROPERTY OF THE PROPER	Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	X New Construction	Project
	or is relevant to it)	- Annual management of the same of the sam	☐ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	X 1-Story + Loft	□ 1-Story	# of Stories and/or basement
Length: 36	Length:						☐ Year Round	X Seasonal	Use
				X None		ω	□ 2	<b>—</b>	of bedrooms
Width: <b>28</b> Height: <b>20</b>	Width: Height:	□ None	Compost Toilet	☐ Portable (w/service contract)	X Privy (Pit) or U Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	[ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
			<u></u>	ξ		, ,	_ □ Well	□ City	Water

Proposed Use	<u> </u>	Proposed Structure	▣	Dimensions	Square
	×	Principal Structure (first structure on property) GAQAGE STORES	32	28 × 36 )	1008
		Residence (i.e. cabin, hunting shack, etc.)	_	Х )	
•		with Loft	1	( X	
Residential Use		with a Porch		×	
•		with (2 <sup>nd</sup> ) Porch		×	
		with a Deck		x )	
		with (2 <sup>nd</sup> ) Deck	^	× )	
Commercial Use		with Attached Garage	_	х )	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)		× }	
		Mobile Home (manufactured date)	_	х )	
		Addition/Alteration (specify)	(	x )	
		Accessory Building (specify)	(	х )	
	Ы	Accessory Building Addition/Alteration (specify)	)	X )	
Reciditor leguanca					
		Special Use: (explain)	(	х )	
	:口	Conditional Use: (explain)	^	х )	
	.ET	Other: (explain)	(	x )	
COCCEPERATION CANADI					
Secure that this application am (are) responsible for the detail	(including	Other: (explain)    Continue	Sue a per	X ) omplete, ! (we) act	knowledge tha
may be a result of Bayfield Count	ty relying	may be a result of Bayfield County relying on this infogration I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the	nistering :	county ordinances	to have access to the
·		Balling San ale 1 Augusta and India Selection 1			•

Address to send permit 535 C (If you a ning on behalf of the owner(s) a letter of authorization must accompany this application)

CRESS CREEK CT., CRYSTAL LAKE, IL 60014 CT., CRYSTAL LAKE 600/4

Owner(sk:

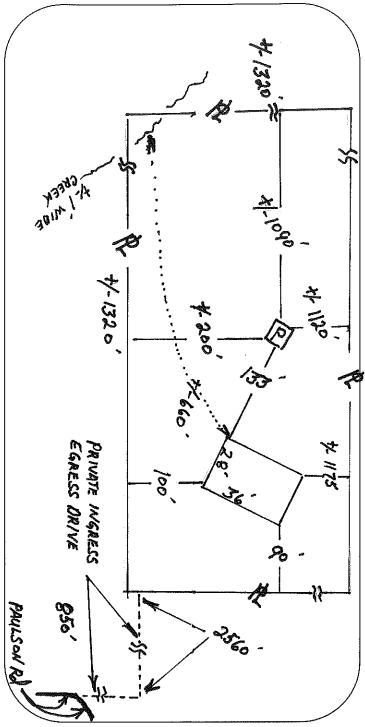
Deed All Ow

ust sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Date

- Show:
- Show:
- Show any (\*): Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		Feet	/ い	Setback to Privy (Portable, Composting)
		Feet	X	Setback to <b>Drain Field</b>
////////////////Feet	Setback to Well	∯ Feet	7//	Setback to Septic Tank or Holding Tank
Feet	Elevation of Floodplain	Feet	30	Setback from the East Lot Line
XYes 40 □No	t 20% Slope Area on property	) Feet	1200	Setback from the West Lot Line
Feet	Setback from Wetland	Feet	/00	Setback from the <b>South</b> Lot Line
;	t	Feet	1175	Setback from the North Lot Line
W/A Feet	Setback from the Bank or Bluff		•	
7.660 Feet	t Setback from the River, Stream, Creek	• Feet	7- X000	Setback from the Established Right-of-Way
/////////////////////Feet	Setback from the Lake (ordinary high-water mark)	O Feet	7-3000	Setback from the Centerline of Platted Road
Measurement	Description	Measurement	Mea	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum req other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

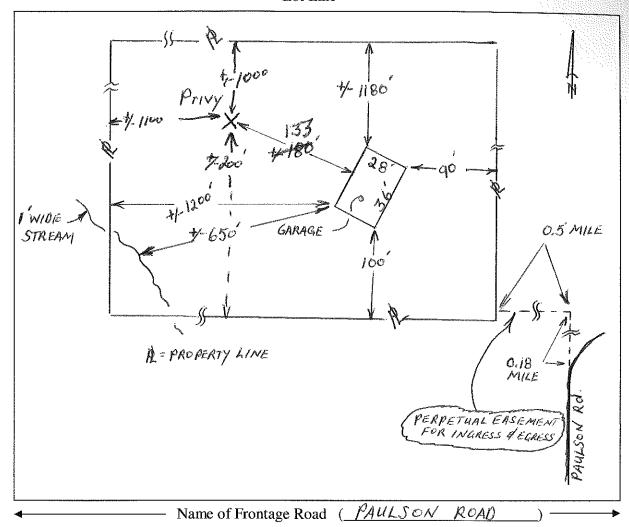
Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial: 1 1 1 100		
Permit #: 15 0350	Permit Date: $9 - 1 - 1$		
Is Parcel a Sub-Standard Lot	No Mitigation Required Mitigation Attached	□ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Affidavit Required   Pes XNo Affidavit Attached Pes XNO
Granted by Variance (B.O.A.) □ Yes □ No Case #:	Previously Granted by Variance (B.O.A.)	by Variance (B.O.A.)  Case #	
Was Parcel Legally Created <b>Yes □ No</b> Was Proposed Building Site Delineated □ Yes □ No	Were Property Li	Were Property Lines Represented by Owner . Was Property Surveyed	Tres reaccest or Cono
Inspection Record:			Zoning District $(F-)$ Lakes Classification $(NA)$
Date of Inspection: 10/5	Inspected by: () CROWBIRD MURD	MURPHZ	Date of Re-Inspection:
Condition(s):Town, Committee or Board Conditions Attached? Tres Two-(If No they need to be attached.)  SERPITE PUPCES.  SERPITE PUPCES.	hed? Dres DNO-(If No they need to be att	HuiMAN HASITA	Afon or
Signature of Inspector:			Date of Approval
Hold For Sanitary: Hold For TBA;	Hold For Affidavit:	Hold For Fees:	

## **BAYFIELD COUNTY SANITARY PERMIT APPLICATION**

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Plastic	Exper. App.	
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re / Date	:	
NSC.	22)	
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I. APPLICATION INFORMATION DE LE	Soil Test 40 - 5 County No: 40 - 5 Permit No: 5 (PS)
Property Owner's Name	
1 1000016 14 15 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	County: Bayfield
	Property Location:
MOINS PAULSON ROAD	NE 45W 4,8 32 T 47 N, R 5 E (ORW)
Property Owner's Mailing Address	Township Gov. Lot #:
535 CRESS CREEK CT.	Washburn
City, State Zip Code Phone Number CRYSTAL LAKE, /L 60014 815-451-405	
II. TYPE OF BUILDING: (Check One)	CSM #:
State Owned	Parcel ID
Public (Explain the use/purpose)	Tax Number(s): 10000
1 or 2 Family Dwelling - No. of Bedrooms	Tax Number(s): 10000 04-050-2-49-05-32-3 01-000-4000
III. TYPE OF PERMIT: (Check only one box on line A. Check	
A) New Replacement (	County Private Interceptor
1. Reconnection 2. Repair 3. F	Revision ** Transfer of Owner (List Previous Owner below)
1. [ Reconnection 2. [ Repair 5. ] r	[ ] Hallster of Owner (List Previous Owner below)
B) A Sanitary Permit was previously issued. <i>Previ</i>	ous Permit Number:Date Issued:
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * F	Replacements need previous permit number and date filled out above
C) X Pit Privy	size:gallons orcubic yards)
Portable Privy (Temporary Use Only)	Composting Toilets Incinerating Toilet
V. ABSORPTION SYSTEM INFORMATION:	The service of the se
	oading Rate 5. Perc. Rate 6. System 7. Final Grade
	s. / Day / Sq.Ft.) (Min. Inch) Elev. (Feet) Elev. (Feet)
(Sq. Ft.)	
VI. TANK Capacity In Gallons Total # of	Manufacturer's Prefab. Site Cond Fiber But Exper.
INFORMATION: New Existing Gallons Tanks	Name Concrete Constructed Steel glass Plastic App.
Septic Tank or Holding Tanks Tanks	
Tank	
Lift Pump Tank / Siphon	
Chamber	
VII. RESPONSIBILITY STATEMENT:	
I the undersigned, assume responsibility for installation of the ons:  Plumber's / Owner's Name: (Print) Plumb	tre sewage system shown on the attached plans.  er's / Owner's Signature: (No Stamps)   MP/MPRSW No:
MARK M. WOOD	Nime Stignature. (No Stamps) WITHIN KOW NO.
Plumber's Address: (Street, City State, Zip Code)	Home Phone: Business Phone:
535 CRESS CREEK CT, CRYSTAL LAKE, 12	815-451-4059 SAME
VIII. COUNTY / DEPARTMENT USE ONLY	
Disapproved Sanitary Permit/Tra	ansfer Fee: Date Issued: Issuing Agent's Signature / Date:
Approved Owner Given Initial	9-1-14 9-1-15
Adverse Determination	1045(28)
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAL	200 miles (100 miles (
PRIVY SHAU BE MAINT	AINED PER RETERD
ACREEMENT,	Rec'd for Issuance
/ WINCE INDIVITY	1100 a for 1350affice
	AUG 3 1 2015
	1100 C 7 EG10
	Secretalia progresside

Soil Boring Required! (ATF) 150. + 150 = 300.



- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
  - a. Building to all lot lines
  - b Building to centerline of road
  - c. Building to lake, river, stream or pond
  - d. Septic / holding tank to closest lot line
  - e. Septic/holding tank to building
  - f. Septic / holding tank to well
  - g. Septic / holding tank to lake, river, stream or pond
  - h. Privy to closest lot line

- caore.
- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- 1. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

IMPORTANT
DETAILED PLOT PLAN

IS NECESSARY, FOLLOW STEPS 1-7 COMPLETELY